



STATE OF MINNESOTA

Office of Governor Tim Pawlenty

130 State Capitol ♦ 75 Rev. Dr. Martin Luther King Jr. Boulevard ♦ Saint Paul, MN 55155

May 1, 2006

Dorcas Hardy

Chairman

White House Conference on Aging Policy Committee

4350 East-West Highway, 3rd Floor

Bethesda, MD 20614

Dear Ms. Hardy:

Thank you for the opportunity to provide comments on the outcomes of the 2005 White House Conference on Aging. The challenges and opportunities of an aging population were well represented in the list of recommendations that emerged from the conference. The Minnesota delegation was invited to review the recommendations and suggest priorities based on the values and expectations of older people in the state, and the likelihood of positive change based on state action.

Supporting Communities: Our focus is on a statewide, Minnesota initiative to develop and promote best practices to help communities prepare for an increased number of older residents. This initiative includes public recognition by the Minnesota Board on Aging of communities that meet or exceed standards. Standards for best practices include:

- Specific models that apply to rural Minnesota that emphasize the importance of general *economic vitality* of small communities. These models support the range of services needed by residents of all ages including grocery, finance, shopping, and access to health care.
- Comprehensive planning requirements for all communities that acknowledge the characteristics and needs of residents through all stages of the lifecycle. These include accessibility, housing options, parks and open space, transportation (see below), and communications infrastructure (e. g., wi-fi or other internet-wired options that allow for future telemedicine development).

- Strategies for providing assistance and timely, accurate, and objective information regarding health and long-term care decisions by telephone and at resource centers located at key community access points.
- Strategies for recruiting and maintaining a strong cadre of community volunteers, whether through faith-based or civic organizations (includes addressing volunteers' liability concerns).
- Emergency response plans that acknowledge the specific needs, conditions, and locations of older persons.

Evidence-Based Long-Term Care: A second priority is to accelerate the adoption and application of geriatric care innovations that improve health and recovery outcomes (e.g., hospitalization reduction, medications management, falls reduction).

- Provide incentives to focus on the outcomes rather than the cost of care - to rejuvenate the intent of "managed care" in Minnesota.
- Encourage the implementation of electronic medical records, web-based consultation, and new uses of information technology that improve communications between patient, doctor and other clinicians.
- Strengthen the linkages between health care providers and community-based support services, including volunteer-based services across Minnesota.

Family Caregiver Supports: Currently, the major sources of support for frail older persons in Minnesota are family members, followed next by friends and neighbors. In the future, the role of these "informal" sources of support will be increasingly critical as families will have fewer children and higher proportions of elderly will be living alone. At the state level we will continue to:

- Support evidence-based programs that, in turn, support family caregivers in an effort to improve and prolong informal caregiving.
- Provide web-based, interactive tools that encourage people of all ages to plan for their own futures and help seniors and their caregivers find the resources they need to maximize their independence.
- Promote health care approaches that address caregiver burden and include transition services.
- Develop employer policies that extend "family care" concepts to include parents, spouses, and older relatives.

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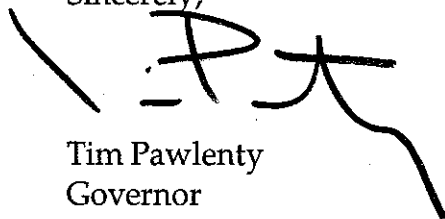
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There is much that can be done at the state level to advance these priorities and that, in part, is why they were selected. However, in every instance the group noted changes that could be made at the national level to remove barriers or provide incentives to successful state level efforts. The group also identified four additional priorities where federal initiative and leadership are essential:

- *Elder Justice* -- Create a national strategy to promote elder justice to combat exploitation and abuse.
- *Veterans' Healthcare* -- Ensure appropriate recognition and care for veterans across all health care settings and in their communities.
- *Long-Term Care Policy for the Future* -- Redesign of the basic benefit set of public programs to address the multiple chronic care needs of tomorrow's older population, to stress the kinds of interventions that help people help themselves, and to re-assess the balance of public/private responsibility for long-term care.
- *Federal-Tribal Relationships* -- Ensure recognition of the unique federal-tribal relationship in developing and implementing federal policies and initiatives.

Thank you for the opportunity to comment on the preliminary report of the 2005 White House Conference on Aging.

Sincerely,



Tim Pawlenty
Governor